Washington State Department of Health

FOODBORNE OUTBREAK REPORTING FORM
PART I - EPIDEMIOLOGIC INVESTIGATION

Return completed form to DOH Epidemiology, 1610 NE 150th St, Shoreline, WA 98155

STATE ID #

I. COMPLAINT/EXPOSURE INFORMATION

DATE OF COMPLAINT	COMPLAINANT NAME	ADDRESS	TELEPHONE

PLACE OF EXPOSURE	ADDRESS	CITY	COUNTY

Where Was Food Prepared? ***(Check all that apply)***

- ☐ Restaurant or Deli
- ☐ Day Care Center
- ☐ School
- ☐ Church, Temple, etc.
- ☐ Camp
- ☐ Caterer
- ☐ Grocery Store
- ☐ Hospital
- ☐ Work Place Cafeteria
- ☐ Nursing Home
- ☐ Prison, Jail
- ☐ Private Home
- ☐ Picnic
- ☐ Fair, Festival, Other Temporary/Mobile Service
- ☐ Other *(specify)* _____

Where Was Food Eaten? ***(Check all that apply)***

- ☐ Restaurant or Deli
- ☐ Day Care Center
- ☐ School
- ☐ Church, Temple, etc.
- ☐ Camp
- ☐ Grocery Store
- ☐ Hospital
- ☐ Work Place Cafeteria
- ☐ Nursing Home
- ☐ Prison, Jail
- ☐ Private Home
- ☐ Picnic
- ☐ Fair, Festival, Other Temporary/Mobile Service
- ☐ Other *(specify)* _____

II. EPIDEMIOLOGIC DATA

	PERSON NAME/CONTACT INFORMATION			
Date Interviewed				
Age & Sex	AGE / SEX ☐ M ☐ F	AGE / SEX ☐ M ☐ F	AGE / SEX ☐ M ☐ F	AGE / SEX ☐ M ☐ F
Date & Time Ate	DATE / TIME AM PM	DATE / TIME AM PM	DATE / TIME AM PM	DATE / TIME AM PM
First Symptom	☐ Vomiting ☐ Diarrhea ☐ Not Ill	☐ Vomiting ☐ Diarrhea ☐ Not Ill	☐ Vomiting ☐ Diarrhea ☐ Not Ill	☐ Vomiting ☐ Diarrhea ☐ Not Ill
Date & Time of Onset of First Symptom	DATE / TIME AM PM	DATE / TIME AM PM	DATE / TIME AM PM	DATE / TIME AM PM
Incubation (Indicate Minutes/ Hours	MINS HRS	MINS HRS	MINS HRS	MINS HRS
Date & Time of Last Episode of Vomit or Diarrhea	DATE / TIME AM PM	DATE / TIME AM PM	DATE / TIME AM PM	DATE / TIME AM PM
Duration (Indicate Minutes/Hours)	MINS HRS	MINS HRS	MINS HRS	MINS HRS

OUTCOME/SYMPTOMS: (+) if Yes (-) if No

Nausea				
Vomiting				
Abdominal Cramps				
Diarrhea				
Avg # of stools in 24/hrs				
Bloody Diarrhea				
Fever				
Headache				
Body Ache				
Chills				
Other (List)				
Healthcare Provider Visit				
Hospitalized				
Stool Submitted				
Lab Results				

III. FOOD HISTORY: List each food item consumed, including condiments, garnishes, etc. Use supplemental sheet if necessary.

IV. COMMENTS *(Include information about other common meals or events)*

V. Environmental Investigation Conducted?

☐ Yes *(Include Part II, Field Investigation Form.)*

☐ No *(Explain)* _____

Completed By: *(Print)*	Agency	Telephone	Date

3-DAY FOOD HISTORY (optional, for use by county investigators if desired)

PERSON #

Day Of Illness Outbreak	One Day Before Illness Outbreak	Two Days Before Illness Outbreak
Date: _____/_____/_____	Date: _____/_____/_____	Date: ______/______/______
Brk: ______________________________	Brk: ______________________________	Brk: ______________________________
Lun: ______________________________	Lun: ______________________________	Lun: ______________________________
Din: ______________________________	Din: ______________________________	Din: ______________________________
Oth: ______________________________	Oth: ______________________________	Oth: ______________________________

PERSON #

Day Of Illness Outbreak	One Day Before Illness Outbreak	Two Days Before Illness Outbreak
Date: _____/_____/_____	Date: _____/_____/_____	Date: ______/______/______
Brk: ______________________________	Brk: ______________________________	Brk: ______________________________
Lun: ______________________________	Lun: ______________________________	Lun: ______________________________
Din: ______________________________	Din: ______________________________	Din: ______________________________
Oth: ______________________________	Oth: ______________________________	Oth: ______________________________

PERSON #

Day Of Illness Outbreak	One Day Before Illness Outbreak	Two Days Before Illness Outbreak
Date: _____/_____/_____	Date: _____/_____/_____	Date: ______/______/______
Brk: ______________________________	Brk: ______________________________	Brk: ______________________________
Lun: ______________________________	Lun: ______________________________	Lun: ______________________________
Din: ______________________________	Din: ______________________________	Din: ______________________________
Oth: ______________________________	Oth: ______________________________	Oth: ______________________________

PERSON #

Day Of Illness Outbreak	One Day Before Illness Outbreak	Two Days Before Illness Outbreak
Date: _____/_____/_____	Date: _____/_____/_____	Date: ______/______/______
Brk: ______________________________	Brk: ______________________________	Brk: ______________________________
Lun: ______________________________	Lun: ______________________________	Lun: ______________________________
Din: ______________________________	Din: ______________________________	Din: ______________________________
Oth: ______________________________	Oth: ______________________________	Oth: ______________________________

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SUPPLEMENTAL FOOD HISTORY SHEET

PLACE OF EXPOSURE_____COMPLAINT DATE_____

	List in the same order as on previous page			
Food item	Person name:	Person name:	Person name:	Person name: